Summary: This study illustrates that a higher ratio of surgical treated stage I patients in Niigata Prefecture. Adenocarcinoma was the most frequent histology. These updated data may predict future strategy for preventing and treating lung cancer. Follow-up study to determine the 5-year survival should be scheduled.

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The coexistence of lung cancer and thromboembolism

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Patients with cancer have an increased risk of thromboembolism which leads to additional morbidity and mortality, also reduces the quality of life. Hypercoagulation is the most important cause of thromboembolism in malignancy. Extended immobilization, operations and executed chemotherapy are the other risk factors for thromboembolism in cancer patients.

202 patients had been hospitalized in our clinic with the diagnosis of malignancy in 2006; 188 patients had the diagnosis of lung cancer in this group. The patients who had the complaints like sudden dyspnea, tachypnea, chest pain were evaluated for pulmonary thromboembolism when venous thrombosis was investigated if there were physical findings such as swelling, pain, erythema and warmth of extremities. The investigated patients with the possible diagnosis of thromboembolism did not have any other risk factors for this disease; the only risk factor was malignancy. Spiral computed tomography or venous Doppler ultrasonography were performed to demonstrate thromboembolism at these patients. Thrombosis or embolism were determined in 34 of all cancer patients (16.8 %) when the number of new diagnosis of thromboembolism was 27 in 188 lung cancer patients (14.4 %). The mean age was 62,1 and thromboembolism was found in 23 men (67.7 %) and 11 women (32.3 %). In the patients with lung cancer, there were 12 patients with pulmonary thromboembolism, 8 with venous thrombosis, 6 with superior vena cava syndrome and one patient with brachial artery embolism. All of the lung cancer patients with thromboembolism had NSCLC; 11 of them had adenocarcinoma, 5 had squamous cell lung carcinoma and in 11 patients, there was no certain histopathological type of NSCLC. There were 85 patients who had the diagnosis of thromboembolism in our clinic in 2006; malignancy was the only main risk factor for VTE in 34 patients (40 %) and the existence of lung cancer was 31.7 % in all thromboembolism patients.

Malignancy, mostly the lung cancer, is one of the most important acquired medical predispositions for thromboembolism. Furthermore, it should not be forgotten that thromboembolism is seen with a high frequency in lung cancer patients.

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An analysis of surgical skills in pleuro-pneumonectomy of lung cancer with malignant pleural effusion

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To evaluate the surgical skills in pleuro-pneumonectomy of lung cancer with effusion and the effect of the operation, from Jan.1988 to Jan.2003, 21 patients of primary lung cancer with dissemination and malignant pleural effusion were treated chiefly by operation. The surgical procedures included left pleuro-pneumonectomy in 8 and right pleuro-pneumonectomy in 13 patients. The operative skills include plural dissection en bloc, management of big vessel in hilar, paying attention to disposal of dissemination on pericardium, big vessels and diaphragm, etc. All patients recovered postoperatively. There were no severe surgical complications such as bronchopleural fistula, empyema and hemorrhage. Follow-up showed that 16 patients have died at 5 to 34 months after the operation. Other patients were still alive at 24 to 29 months. Mid-lifetime was 18 months. Pleuro-pneumonectomy selectively performed in lung cancer with malignant pleural effusion (IIIb) is safe and manipulatable. Improvement of the surgical skills may reduce the perioperative complications, decrease recurrence of the tumor and so gain a better result.

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Clinical investigation of surgical treatment for primary lung cancer in patients with idiopathic interstitial pneumonia

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Objectives: The incidence of lung cancer associated with interstitial pneumonia (IP) is higher than that of general population. However, treatment of that cancer is difficult because of the risk of acute exacerbation of IP. We studied safety and efficacy of surgical treatment in 10 cases of IP associated lung cancers.

Patients and methods: Ten cases of IP associated lung cancers were selected from the 462 cases that underwent surgical operation for primary lung cancer from 1999 to 2006. Incidence of IP associated cancer was 2.16%. All patients were male and average age was 70.5 years old (range 56 to 80 years old). Histo-pathological diagnosis of IP was UIP (Usual Interstitial Pneumonia) in eight cases and f-NSIP (Fibrotic Nonspecific Interstitial Pneumonia) in two cases.

Result: Lobectomy was performed in seven cases. Six of them underwent standard radical lobectomy with mediastinal lymph node dissection. Procedures were reduced to segmentectomy in two cases and not successful in one case. Histological diagnosis was squamous cell carcinoma in 9 cases except one patient who was diagnosed as unclassified carcinoma. Acute exacerbation of IP was observed in only one case. The other patients discharged well without any complications. Acute exacerbation of IP was responded well to steroid pulse therapy and improved. Median survival time of the studied cases was 17.6 months. Three cases died from exacerbation of interstitial pneumonia, and another two cases are still alive. No cancer death was observed in the six cases with radical lobectomy group.

Conclusions: Survival outcome of IP associated lung cancer was not good. But there was no surgery-associated death and acute exacerbation of IP was controllable. Surgical treatment was acceptable and feasible therapy for the patients with IP associated lung cancer.